

MONTANA CLINICAL COMMUNICATION & SURVEILLANCE REPORT



Montana Department of Public Health and Human Services
Chronic Disease Prevention and Health Promotion Program
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ACCESS TO DIABETES EDUCATION IN MONTANA, 2000-2005

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Diabetes Professional Conference-
Grouse Mountain Lodge,
Whitefish, Montana, October
19-20, 2006

BACKGROUND

Diabetes self-management education is now recognized as an integral and fundamental component of quality diabetes care.¹ National standards for diabetes self-management education have been widely promulgated.² The number of Certified Diabetes Educators (CDE) has increased across the U.S. Medicare and other third party payors provide reimbursement for diabetes education, and both the American Diabetes Association (ADA) and the Indian Health Service (IHS) have defined standards for recognizing diabetes education programs to ensure quality.³ Despite these advances, access to quality diabetes patient education in rural states can be particularly challenging. Diabetes educators and patient education programs are often located in urban referral hospitals or structured independently near a large referral base. In addition, the infrastructure to develop ADA or IHS-recognized education programs in rural primary care facilities may often be limited.

Ensuring that persons with diabetes living in rural areas have access to quality diabetes patient education is a challenge in Montana where the population density is only 6.2 persons per square mile. Of the 56 counties in Montana, 48 are defined as "frontier" (non-metropolitan counties without a city of 10,000). Based on 2003 prevalence estimates

for adults with diabetes in Montana (5.5%), there are an estimated 36,967 adults with diagnosed diabetes. To improve access to and the quality of diabetes education, the Montana Diabetes Project (MDP) and the Montana Chapter of the American Association of Diabetes Educators (MAADE) developed the Montana Quality Diabetes Education Initiative (QDEI) in 1999. Initially, the efforts were focused on improving the skills of individuals who provide diabetes education. As the initial efforts evolved, the program was then adapted to address sustainability through assisting educators in attaining and maintaining recognized diabetes education programs through the ADA or the IHS. This report describes progress of the QDEI in Montana over a 5-year period.

QDEI COMPONENTS

The QDEI defined several levels of participation. In order to include individuals seeking to become certified as diabetes educators as well as health care professionals who simply wanted to improve their knowledge and skills in providing education in small communities without having to prepare for an extensive examination, individuals could select their level of participation. The “basic” level provided participants with the fundamental knowledge to offer basic education to persons with diagnosed diabetes and to persons at risk for diabetes. The “intermediate” level provided an in-depth review of diabetes management and educational concepts and the “advanced” level prepared participants for the CDE examination. A part-time registered dietitian and CDE at the MDP coordinated the program, assessed the learning needs of each health care professional enrolling, outlined a course of self-study and reference materials, and matched each participant to a volunteer CDE mentor. Participants chose an initial training level and could also elect to progress to a higher level. Mentors used on-site

visits (when available), telephone conferences, and e-mail to coach participants. Participants were also encouraged to observe diabetes education “in action” by spending time with their mentors or at another structured diabetes education program. The QDEI established a lending library and provided reference materials to participants when they enrolled.

As the interest in diabetes education increased and reimbursement for education became available to recognized programs, the QDEI began to assist educators to attain and maintain program recognition. In 2001, a representative from the ADA Education Recognition Program met with diabetes educators from across the state to: (1) discuss the newly reorganized recognition application that would be needed for Medicare reimbursement; and (2) assist in addressing the unique challenges for rural communities in that process. A second meeting held in 2002 provided a forum for Montana educators to share education materials, documentation forms, and curricula with those who were interested in becoming recognized.

METHODS

To assess the impact of the mentoring program, two data sources were used. First, the QDEI tracked the number of health care professionals who completed the program. The National Certification Board for Diabetes Educators provided data regarding the number of CDEs in Montana for year-end 2000 and 2005 on January 4, 2001 and January 10, 2006, respectively. In addition, the QDEI tracked the number and location of facilities in Montana that received recognition for their diabetes education programs from the ADA or the IHS.

Second, data on diabetes patient education were obtained from the Montana Behavior Risk

Factor Surveillance System from 2000 to 2004. Persons with diabetes were defined as respondents who answered “yes” to the question, “Has a doctor ever told you that you have diabetes?” Persons who reported that they had diabetes were asked questions from the diabetes module that included, “Have you ever taken a course or class in how to manage your diabetes yourself?” Women who were told that they had diabetes only during pregnancy were excluded.

RESULTS

From 2000 to 2005, 90 health care professionals enrolled in the QDEI, the majority of whom were nurses (76%) or dietitians (21%). Thirty-nine participants enrolled in the basic level, 12 in the intermediate level, and 44 in the advanced level. Twenty-seven (30%) of the 90 enrollees completed their chosen mentoring option. Five participants completed more than one level. In all, 14 completed in the basic level, 2 in the intermediate level, and 16 in the advanced level. Most (66%) of the health care professionals completing the program provided services in frontier counties. Of the 16 participants who completed the advanced level option, 13 went on to get their CDE

certification. Overall, the number of CDEs in Montana increased 46% from 52 in 2000 to 76 in 2005. The number of frontier counties with one or more CDEs increased 56% from 18 in 2000 to 28 in 2005. (Table 1)

The QDEI provided technical assistance for diabetes education program recognition to 30 facilities, 25 of which achieved recognition for outpatient education as of 2005. Overall, the number of recognized education programs increased ten-fold from 2 in 2000 to 22 in 2005. (Figure 1) Eleven (50%) of these newly recognized programs were located in frontier counties. (Table 1) During this six-year time period, 4 facilities lost their recognition status, primarily due to the loss of the primary educator or the program manager.

From 2000 to 2004, the percentage of BRFSS survey respondents diagnosed with diabetes that had ever taken a class in how to manage their diabetes remained relatively constant at 62%. (Figure 2)

Table 1. Number of Certified Diabetes Educators (CDE) and recognized ADA or IHS Diabetes Education Programs in urban and frontier counties, Montana, 2000 and 2005.

	Year	
	2000	2005
	n (%)	n (%)
Certified Diabetes Educators		
Total	52 (100)	76 (100)
Urban Counties	34 (65)	48 (63)
Frontier Counties	18 (35)	28 (37)
ADA or IHS Recognized Diabetes Education Programs		
Total	2 (100)	22 (100)
Urban Counties	2 (100)	11 (50)
Frontier Counties	0	11 (50)

Figure 1. Number of ADA or IHS recognized Diabetes Education Programs in Montana, 2000 and 2005.

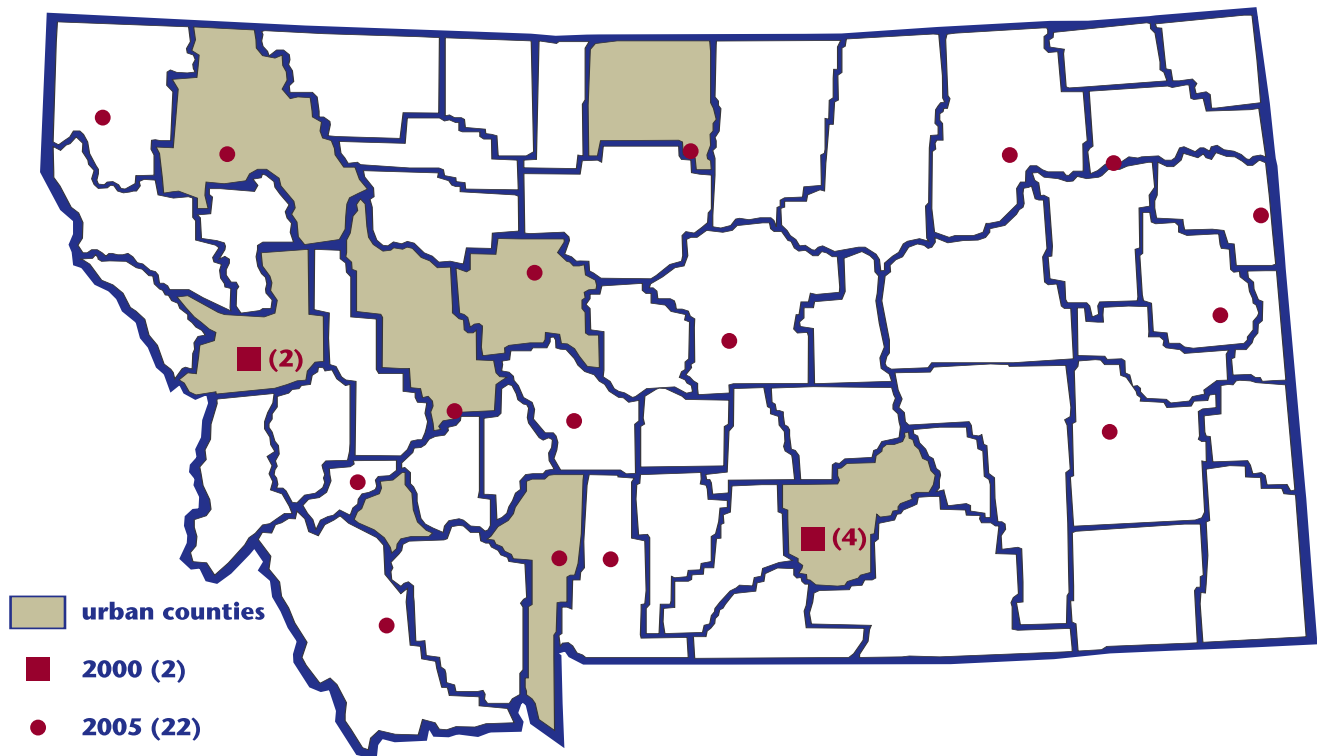
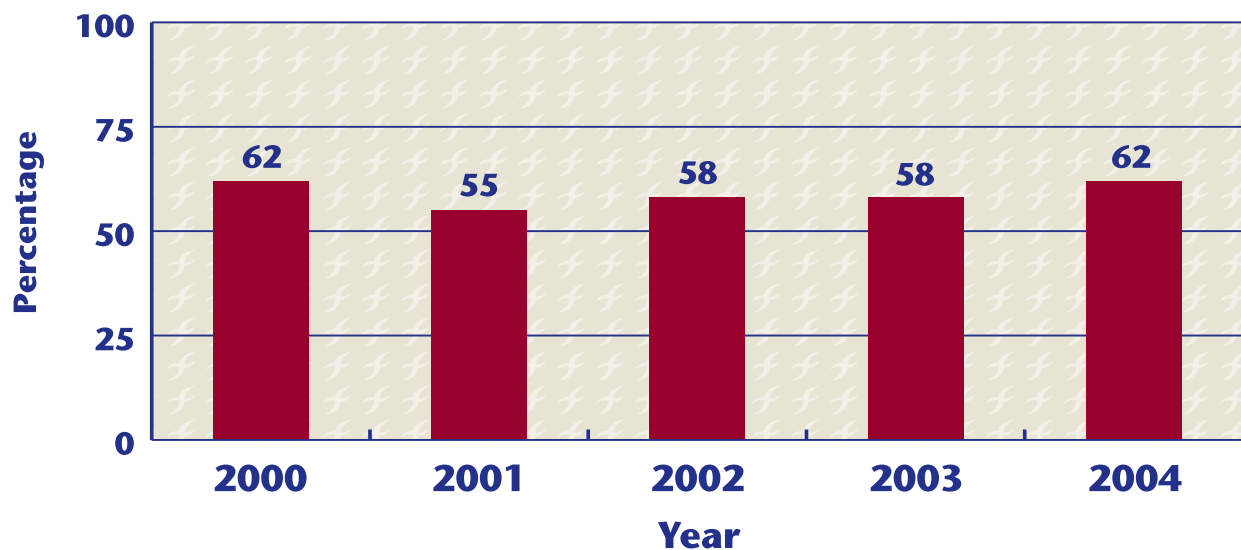


Figure 2. Percentage of respondents who have ever taken a class in managing their diabetes, Montana, 2000-2004.



DISCUSSION

The QDEI has successfully met the challenge to increase access to quality diabetes education across Montana. Statewide, the number of CDEs increased 46%. The number of diabetes education programs recognized by ADA and IHS also increased dramatically from 2 in 2000 to 22 in 2005. Eleven (50%) of these programs were located in frontier counties. This would not have been possible without the efforts of the many volunteer educators who provided invaluable time and support to the mentoring program and to each other. With the increase in access to diabetes education, Montana has the opportunity to improve the percentage of people with diabetes who report having taken a class to manage their diabetes better. Because the BRFSS included only a small number of the people with diabetes, it is not surprising that changes in the percentage of people who report attending class have not yet been detected by this surveillance system. Montana is fortunate to have a strong network of diabetes educators across the state. In addition, the QDEI provides a strong and ongoing foundation for statewide efforts to improve the care and outcomes for all persons in Montana with diabetes.

ACKNOWLEDGEMENTS

This effort was made possible by the leadership of Marci Butcher, RD, CDE and the contributions of many talented educators who worked to promote these efforts through the Montana Chapter of the American Association of Diabetes Educators.

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**DIABETES PROFESSIONAL CONFERENCE –
GROUSE MOUNTAIN LODGE, WHITEFISH,
MONTANA, OCTOBER 19-20, 2006
SAVE THE DATE!**

The Montana Diabetes Project's professional conference will be held on Thursday and Friday, October 19-20, 2006 in Whitefish, Montana at Grouse Mountain Lodge. This year's conference titled "Diabetes Care and Prevention: Working Together Under the Big Sky, 2006" will feature Dr. Aaron Vinik as the keynote speaker. For more information, contact Susan Day at (406) 444-6677 or e-mail sday@mt.gov.

WHAT ARE THE MONTANA DIABETES PREVENTION AND CARDIOVASCULAR HEALTH PROGRAMS AND HOW CAN WE BE CONTACTED?

The Montana Diabetes Control and Cardiovascular Health Programs are funded through cooperative agreements with the Centers for Disease Control and Prevention, Division of Diabetes Translation (U32/CCU822743-03), the Division of Adult and Community Health (U50/CCU821287-04) and through the Montana Department of Public Health and Human Services.

The mission of the Diabetes Control and Cardiovascular Health Programs is to reduce the burden of diabetes and cardiovascular disease among Montanans. Our web pages can be accessed at <http://ahec.msu.montana.edu/diabetes/default.htm> and <http://montanacardiovascular.state.mt.us>.

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